



I hereby make application for: Sick Bank Extension

Describe in full detail the cause, nature and severity of illness or injury on opposite side of this form. SB-2 form MUST accompany this application. If injury due to WCB or a Motor Vehicle Accident – SB-3 form must accompany this application as well.

Member's Name: _____ Employee Number _____

Address: _____ City: _____ Postal Code: _____

Phone (Home): _____ Phone (Work): _____

Seniority Date: _____ Job Classification: _____

Department & Division: _____

First Day off the Job with this Illness: _____ Last Day of Sick Pay from your Sick Time: _____

Number of Days in Your Sick Time: _____ Number of Days of Requested: _____

Number of Vacation Days Remaining: _____ Regular Pay Grade/Rate: _____

Have You Received Sick Bank/Benefits Previously? YES/NO Number of Days _____ Date: _____

Will You Be Applying for Recovery Elsewhere

YES NO (If YES please indicate below)

WCB ICBC LTD EI/UIC CPP Other & 3rd Party: _____

The information provided herein is accurate to the best of my knowledge. I have no objection to, and authorize the Union to access or review payroll and sick pattern/history records on my behalf.

Member's Signature

Date

The onus is on the applicant to apply in a timely manner to meet guidelines for approval. Monies from Union sick bank are direct deposit. You can email: cupeoffice@cupe402.com, Fax: 604-543-3842 or drop off this form to the union office: 5699-176 Street, Surrey, V3S 4C5